IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	: 06/05/2005			CHECKWRITE SUMMARY REPORT				-
			Cn	ECKWRITE DATE: 06/07/2005 FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		marc	moma r	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
3404901	SMOKY MOUNTAINM	8505	114	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	H/DD/SAS			NI BUDGET			-	1
								1
		8800	16	FURTHER PROCESSING NECESSARY,	C	130	130	0
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				-
								+
3404904	WESTERN HIGHLAN	8505	5518	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				ļ
								-
		11	1931	CLIENT NOT ELIGIBLE ON SERVICE	74	9106	14161	5055
				DATE				
								-
		8599	842	DETAIL NOT COVERED BY COMBINAT				+
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404910	DATUMAVO	8505	3193	CLAIM DENIED DUE TO INSUFFICIE	+		+	-
	PATHWAYS			NT BUDGET			 	
		0500	264	DETAIL NOT COVERED BY COMBINAT				
		8599	264	ION OF RECIPIENT, PROVIDER AND	1	3971	7799	3828
				BENEFIT PACKAGE.				1
		8800	176	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				ļ
				FUTURE RA'S.			-	1
								1
3404912	CATAWBA COUNTYM	8505	766	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				-
							-	1
		11	259	CLIENT NOT ELIGIBLE ON SERVICE	36	1198	2916	1718
				DATE				
								-
		8599	101	DETAIL NOT COVERED BY COMBINAT				+
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	11	7454	CLIENT NOT ELIGIBLE ON SERVICE				-
	ENTAL HEALT			DATE				
		8599	5789	DETAIL NOT COVERED BY COMBINAT				
		0399	5769	ION OF RECIPIENT, PROVIDER AND	2461	25381	49377	23996
				BENEFIT PACKAGE.				1
		21	4635	DUPLICATE OF CLAIM-SYSTEM			-	-
		+			+		 	1
3404916	CROSSROADS BEHA	8505	2938	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET			<u> </u>	
								-
		11	288	CLIENT NOT ELIGIBLE ON SERVICE	1	3499	5900	2401
				DATE				
						-		-
		8599	115	DETAIL NOT COVERED BY COMBINAT	1		 	
				ION OF RECIPIENT, PROVIDER AND			<u> </u>	†
				BENEFIT PACKAGE.				
3404917	CENTED DOTTON TOTAL	8505	557	CLAIM DENIED DUE TO INSUFFICIE			-	-
	CENTERPOINT HUM AN SERVICES			NT BUDGET	+		 	1
	-							
		21	E17	DUDY TONDE OF GUNTA OVERTIL				
		21	517	DUPLICATE OF CLAIM-SYSTEM	101	1784	2386	602
		+			+		 	1
	1		1					
		11	342	CLIENT NOT ELIGIBLE ON SERVICE				
		11	342	CLIENT NOT ELIGIBLE ON SERVICE DATE				

DROUTERED		HTOH DENTAT	WINDER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
HONDLIN	PROVIDER NAME	2020	Dawring	DEGULTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	8505	112	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	53	FURTHER PROCESSING NECESSARY,	47	307	1269	962
				PLEASE CHECK FOR CLAIM ON		307	1203	502
				FUTURE RA'S.				
		0.500						
		8599	44	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN	8599	164	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACINGE.				
		191	108	CLIENT ID NUMBER DOES NOT MATC	89	497	6981	6484
				H PATIENT NAME				
		8931	64	AMTNC INELIGIBLE TO RECEIVE SE				
		0931	04	RVICES IN IPRS.				
3404920	ALAMANCE CASWEL	8505	312	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	227	DETAIL NOT COVERED BY COMBINAT		0.05	2022	2000
		0333	227	ION OF RECIPIENT, PROVIDER AND	1	815	2823	2008
				BENEFIT PACKAGE.				
		10	54	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404921	ORANGE PERSON C	5312	3108	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		2.02	200	CLIENT ID NUMBER DOES NOT MATC				
		191	389	H PATIENT NAME	32	4575	6990	2415
				n PATIENT NAME				
		23	280	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404922	THE DURHAM CENT	8599	1016	DETAIL NOT COVERED BY COMBINAT				
3101322	ER ER	0000	1010	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	456	DUPLICATE OF CLAIM-SYSTEM	0	1713	6128	4415
		191	102	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404923	VGFW AREA AUTHO	8505	148	CLAIM DENIED DUE TO INSUFFICIE	1			
	VGFW AREA AUTHO		1	NT BUDGET				
		8599	108	DETAIL NOT COVERED BY COMBINAT	0	428	2028	1600
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
		+	1		 	1		
		21	94	DUPLICATE OF CLAIM-SYSTEM				
-								
3404925		8505	6810	CLAIM DENIED DUE TO INSUFFICIE	1			
J-104323	SANDHILLS CENTE R FOR MH/DD	0303	0010	NT BUDGET	1			
	A FUK MIT/ UD				1			
					1			
		8800	357	FURTHER PROCESSING NECESSARY,	78	7732	10125	2393
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.	1			
		8599	330	DETAIL NOT COVERED BY COMBINAT	1			
				ION OF RECIPIENT, PROVIDER AND	1			
	+		1	BENEFIT PACKAGE.				

PROVIDER		HICH DENIES	MIMDED OF				TOTAL	TOTAL
NUMBER	DROUTDER MANE	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
TOTIDALIC	PROVIDER NAME	1000	Danting	2200111101	DENIALS	DENIALS	FINALIZED	PAID
3404926	SOUTHEASTERN RE	8505	9004	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		11	1929	CLIENT NOT ELIGIBLE ON SERVICE	123	12151	16207	4056
				DATE	123	12131	10207	4030
		oran	000					
		8517	223	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404927	CUMBERLAND CO M	8505	642	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	203	DETAIL NOT COVERED BY COMBINAT	2	1244	3555	2311
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	143	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
2404022		21	0.1	DUDY FARME OF CLASH OVON				
3404929	LEE HARNETT MH/	21	81	DUPLICATE OF CLAIM-SYSTEM	+			
	DD/SAS				+			
		8518	29	CLAIM DENIED, SUBMITTED BEYOND	0	147	2548	2401
				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	-			
				COME DOS MUSI DE SUBMITIED DI	+			
		8599	13	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8505	2371	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		0000	104					
		8800	124	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1	2525	3713	1188
				FUTURE RA'S.				
		11	24	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
				DATE				
3404931	WAKE CO HUM SVC	8505	6327	DATE CLAIM DENIED DUE TO INSUFFICIE				
3404931	WAKE CO HUM SVC BILLING OF	8505	6327					
3404931		8505	6327	CLAIM DENIED DUE TO INSUFFICIE				
3404931		8505		CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	152	12544	19001	6457
3404931			6327	CLAIM DENIED DUE TO INSUFFICIE	153	12544	19001	6457
3404931				CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	153	12544	19001	6457
3404931		21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	153	12544	19001	6457
3404931				CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT	153	12544	19001	6457
3404931		21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM	153	12544	19001	6457
		21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	153	12544	19001	6457
3404931	BILLING OF RANDOLPH/SANDRI	21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	153	12544	19001	6457
	BILLING OF	21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	153	12544	19001	6457
	BILLING OF RANDOLPH/SANDRI	21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	153	12544	19001	64577
	BILLING OF RANDOLPH/SANDRI	21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	153			6457
	BILLING OF RANDOLPH/SANDRI	21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C	21 8599 0	3442 523 0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET OUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT ***				
	BILLING OF BY AND	21	3442	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT				
3404932	BILLING OF BILLING OF RANDOLPH/SANDHI LLS CO MH C	21 8599 0	3442 523 0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET OUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT ***				
3404932	BILLING OF BY AND	21 8599 0 0	3442 523 0 0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	BILLING OF BY AND	21 8599 0	3442 523 0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUFLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404932	BILLING OF BY AND	21 8599 0 0	3442 523 0 0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	0
3404932	BILLING OF BY AND	21 8599 0 0	3442 523 0 0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	0	0	0
3404932	BILLING OF BY AND	21 8599 0 0	3442 523 0 0	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT	0	0	0	0
3404932	BILLING OF BY AND	21 8599 0 0 8599	3442 523 0 0 0 347	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM GO RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	0	0	0	0
3404932	BILLING OF BY AND	21 8599 0 0 8599	3442 523 0 0 0 347	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT	0	0	0	0
3404932	BILLING OF RANDOLPH/SANDHI LLS CO MH C SOUTHEASTERN CT R FOR MH/DD	21 8599 0 0 8599	3442 523 0 0 0 347	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM GO RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED	0	0	0	0
3404932	BILLING OF BY AND	21 8599 0 0 8599 21	3442 523 0 0 347 119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	0	0	0
3404932	BILLING OF RANDOLPH/SANDHI LLS CO MM C SOUTHEASTERN CT R FOR MM/DD ONSLOW COUNTY B	21 8599 0 0 8599 21	3442 523 0 0 347 119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. FURTHER PROCESSING NECESSARY,	0	0	0	0
3404932	BILLING OF RANDOLPH/SANDHI LLS CO MM C SOUTHEASTERN CT R FOR MM/DD ONSLOW COUNTY B	21 0599 0 0 0 8599 21 21 8621	3442 523 0 0 347 119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT ROW RADITIONAL SERVICE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	0	0	7114
3404932	BILLING OF RANDOLPH/SANDHI LLS CO MM C SOUTHEASTERN CT R FOR MM/DD ONSLOW COUNTY B	21 8599 0 0 8599 21	3442 523 0 0 347 119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE	0	0	0	7114
3404932	BILLING OF RANDOLPH/SANDHI LLS CO MM C SOUTHEASTERN CT R FOR MM/DD ONSLOW COUNTY B	21 0599 0 0 0 8599 21 21 8621	3442 523 0 0 347 119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT ROW RADITIONAL SERVICE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	0	0	7114
3404932	BILLING OF RANDOLPH/SANDHI LLS CO MM C SOUTHEASTERN CT R FOR MM/DD ONSLOW COUNTY B	21 0599 0 0 0 8599 21 21 8621	3442 523 0 0 347 119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE	0	0	0	7114
3404932	BILLING OF RANDOLPH/SANDHI LLS CO MM C SOUTHEASTERN CT R FOR MM/DD ONSLOW COUNTY B	21 0599 0 0 0 8599 21 21 8621	3442 523 0 0 347 119	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM GO RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET EXCEEDS MAXIMUM UNITS ALLOWED	0	0	0	0
3404932	BILLING OF RANDOLPH/SANDHI LLS CO MM C SOUTHEASTERN CT R FOR MM/DD ONSLOW COUNTY B	21 8599 0 0 0 8599 21 21 8621	3442 523 0 0 119 110 291	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM 60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE. FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	0	0	7114

March Marc					T			TOTAL	TOTAL
Marche March Mar	PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL.	TOTAL	
MATERIAL CONTROL	NUMBER	PROVIDER NAME			DESCRIPTION				
MARIAN DOCUMENT		THOUSEN MADE				DIMITIO	DENTITED		111111
A	3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
A									
A									
1 1 1 1 1 1 1 1 1 1			0	0		0	0	0	0
1 1 1 1 1 1 1 1 1 1									
1 1 1 1 1 1 1 1 1 1									
	3404936	WILSON-GREENE M	8505	226					
		ENTAL HEALT			NT BUDGET				
			8800	19		10	277	1114	837
140977 15000-1984 NAME 1									
MATERIAL NO. MATE					FUTURE RA'S.				
MATERIAL NO. MATE									
144373 Notice and about 1455 1555			8599	10					
972 METH C					BENEFIT PACKAGE.				
972 METH C									
140 141 142 142 143 144	3404937		8505	995					
100 100		MNTL HLTH C			NT BUDGET				
100 100									
100 100			o r	440					
PARSE CREATE OF CLASH OR			ZI	442	DUPLICATE OF CLAIM-SYSTEM	2	1785	2856	1071
PARSE CREATE OF CLASH OR									
PARSE CREATE OF CLASH OR									
PARSE CREATE OF CLASH OR			2000	0.55					
			8800	∠65					
1000000000000000000000000000000000000									
TIPE COMMINE					FUTURE RA'S.				
TIPE COMMINE									
CONTINUE OF SERVICE COMMINST STAIL NOT CONTRED BY COMMINST	3404938	VGFW DBA RIVERS	24	22					
100 100		TONE COUNSE							
200 OF SECTION, PROVIDER AND 200					CODE/TYPE OF SERVICE COMBINATI				
200 OF SECTION, PROVIDER AND 200									
			8599	9		9	53	1508	1455
1									
					BENEFIT PACKAGE.				
ATT CONTER 10 10 10 10 10 10 10 1			23	8	SERVICE REQUIRES PRIOR APPROVA				
ATT CONTER 10 10 10 10 10 10 10 1					L				
ATT CONTER 10 10 10 10 10 10 10 1									
ATT CONTER 10 10 10 10 10 10 10 1									
	3404939		21	90	DUPLICATE OF CLAIM-SYSTEM				
OVERTIES		ALTH CENTER							
OVERTIES									
OVERTIES									
11			5404	79		3	392	784	392
ACCEPTER					OV/PCODE/TOS/DOS/MOD				
ACCEPTER									
ACCEPTER									
1404991 PITT CO MM/DD/S 21 388 DOPLICATE OF CLAIM-SYSTEM			11	49					
AC CENTER AC CENTER 11 290 CLIENT NOT ELIGIBLE ON SERVICE 12 1136 3385 2241 DATE DATE 13 136 3385 2241 DATE DATE 14 15 15 15 15 15 15 15 15 15 15 15 15 15					DATE				
AC CENTER AC CENTER 11 290 CLIENT NOT ELIGIBLE ON SERVICE 12 1136 3385 2241 DATE DATE 13 136 3385 2241 DATE DATE 14 15 15 15 15 15 15 15 15 15 15 15 15 15									
AC CENTER AC CENTER 11 290 CLIENT NOT ELIGIBLE ON SERVICE 12 1136 3385 2241 DATE DATE 13 136 3385 2241 DATE DATE 14 15 15 15 15 15 15 15 15 15 15 15 15 15									
11	3404941	PITT CO MH/DD/S	21	388	DUPLICATE OF CLAIM-SYSTEM				
DATE		AS CENTER							
DATE									
DATE									
DATE			11	290		12	1136	3385	2249
ION OF RECIPIENT, PROVIDER AND					DATE				
ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND									
REMETIT PACKAGE. REMETIT PACKAGE. ROANOKE CHOMANH 8505 308 CLAIM DENIED DUE TO INSUFFICIE WAN SERVIC REMETIT PACKAGE. NT BUDGET FUTURE PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. FUTURE RA'S. FUTURE RA'S. FUTURE RA'S. REMETIT PACKAGE. REMETIT PACKAGE.			8599	234					
1404942 ROANOKE CHOMANH 8505 308									
MAN SERVIC NT BUDGET NT					BENEFIT PACKAGE.				
MAN SERVIC NT BUDGET NT									
S800 52 FURTHER PROCESSING NECESSARY, 22 424 1374 950	3404942		8505	308					
Please CHECK FOR CLAIM ON		UMAN SERVIC			NT BUDGET				
Please CHECK FOR CLAIM ON									
Please CHECK FOR CLAIM ON									
### FUTURE RA'S. S599 25 DETAIL NOT COVERED BY COMBINAT			8800	52		22	424	1374	950
ION OF RECIPIENT, PROVIDER AND					FUTURE RA'S.				
ION OF RECIPIENT, PROVIDER AND									
BENEFIT PACKAGE.			8599	45					
ALBEMARLE MENTA 8505 192 CLAIM DENIED DUE TO INSUFFICIE L HEALTH CE NT BUDGET 109 DUFLICATE OF CLAIM-SYSTEM 109 628 2359 173:									
L HEALTH CE NT BUDGET 109 628 2359 173:					BENEFIT PACKAGE.				
L HEALTH CE NT BUDGET 109 628 2359 173:									
21 90 DUFLICATE OF CLAIM-SYSTEM 109 628 2359 173: 8931 56 AMTNC INELIGIBLE TO RECEIVE SE	3404943		8505	192					
8931 56 AMTNC INELIGIBLE TO RECEIVE SE		L HEALTH CE			NT BUDGET				
8931 56 AMTNC INELIGIBLE TO RECEIVE SE									
8931 56 AMTNC INELIGIBLE TO RECEIVE SE									
			21	90	DUPLICATE OF CLAIM-SYSTEM	109	628	2359	1731
RVICES IN IPRS.			8931	56					
					RVICES IN IPRS.				
	ı	1							

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404944	EASTPOINTE HUMA	8505	845	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
	N DERVICED							
								
		8800	56	FURTHER PROCESSING NECESSARY,	91	1176	4508	3332
				PLEASE CHECK FOR CLAIM ON	,	1170	4300	3332
				FUTURE RA'S.				
		8931	53	AMTNC INELIGIBLE TO RECEIVE SE				-
				RVICES IN IPRS.				
								-
								-
3404946	FOOTHILLS AREAM	11	1410	CLIENT NOT ELIGIBLE ON SERVICE				
3101310			1410	DATE				
	ENTAL HEALT			2444				
	_	8599	622	DETAIL NOT COVERED BY COMBINAT				
		0399	022	ION OF RECIPIENT, PROVIDER AND		2105	3597	1492
				BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		5404	0.5					
		5404	26	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404957	TIDELAND MENTAL	8505	1038	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
		21	487	DUPLICATE OF CLAIM-SYSTEM	6:	2117	3093	976
		8599	327	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	23	893	SERVICE REQUIRES PRIOR APPROVA				
	H/DD/SA PRO			L				
		8505	840	CLAIM DENIED DUE TO INSUFFICIE	2.	2566	4312	1746
				NT BUDGET				
		11	362	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				